



## WASHINGTON COUNTY HEALTH DEPARTMENT

1302 Pennsylvania Avenue • Hagerstown, MD 21742

<http://dhmh.maryland.gov/washhealth>

### STATEMENT OF WORKERS' COMPENSATION INSURANCE

Maryland Health-General Code Annotated Section I-202 requires that before any license or permit be issued under the Health-General Article to an employer to engage in an activity in which the employer may employ any individual, the employer must file with the issuing authority a certificate of compliance with the State workers' compensation laws indicating the employer's workers' compensation insurance policy or binder number.

Circle the number of the option below which applies to you, provide the requested information, sign and date the form, and return it with the attached application.

1. I have workers' compensation insurance.

Insurance Company \_\_\_\_\_

Policy or Binder number \_\_\_\_\_

2. A waiver has been received from the Workers' Compensation Commission. (ATTACH A COPY OF THE WAIVER.)

3. As provided by Maryland Annotated Code Article 101, I am exempt from having workers' compensation insurance. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE.)

4. I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE.)

_____	_____
Date	Signature
_____	_____
Company Name	Title
_____	_____
Address	Type of License
_____	_____
City	St
_____	Zip
_____	_____

=====

#### FOR OFFICE USE ONLY

New Permit/License \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Hold \_\_\_\_\_

Reason \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_